

# Fragile Earth



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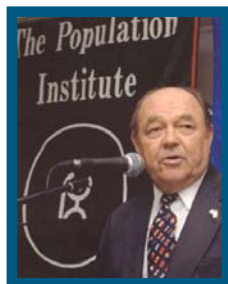
Fragile Earth

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## Tireless Advocate for Population Issues Retires



Werner Fornos, president of the Population Institute for the past 23 years, has announced his retirement. He will remain as a fulltime consultant with the Washington, D.C. based nonprofit organization until December 15 and then become a fulltime resident of Bayse, Virginia, in the Shenandoah Valley. Among Fornos' numerous awards and honors are the 2003 United Nations Population Award; the 2005 Rotary International Service Above Self Award, and the Humanist of the Year Award of the American Humanist Association.

Since joining the Institute in 1978, Fornos established a number of innovative initiatives, among them the Village Fund, providing family planning and health services to impoverished villages in developing countries, and the Global Media Awards, honoring outstanding international media contributions to the understanding of population, family planning and development issues. *(continued on pg. 2)*

## Misinformation Stalls Population Stabilization

When population and family planning issues are discussed, myths and misconceptions abound, frequently distorting rationality into confusion and common sense into controversy.

Fortunately, Rotary International has not allowed itself to become bogged down in the sound of political and religious debates that often conceal the reality that family planning reduces world poverty and hunger. As important, it saves the lives of mothers and infants.

By an overwhelming consensus, the 1998 Rotary Council on Legislation and then an August 1999 Rotary Board Statement, encouraged Rotary clubs and districts to take on projects that directly address the challenge of bringing the world's population into balance with its environment and resources. Rotary has included Population Concerns as one of its recommended areas of service in the Rotary Menu of Service Opportunities. So, Rotary itself has a clear position on the population issue. But there's no shortage of myths and misconceptions elsewhere. *(continued on pg. 4)*

## Rotary-UN ties celebrated at New York event

More than 800 Rotarians from across the United States and 15 other countries convened at the United Nations Headquarters in New York City on November 5, 2005 to celebrate the many ties between their organization and the UN.

An annual event, Rotary-UN Day helps focus attention on the ideal of world peace shared by Rotary and the UN and on the collaborative humanitarian initiatives carried out by the entities of both organizations.

One such joint effort is the Global Polio Eradication Initiative, in which Rotary International and UN agencies World Health Organization and UNICEF are partners. Rotary International also has an on-going partnership with The United Nations Population Fund (UNFPA), an agency of the United Nations.

Organized by the RI representatives to the United Nations in New York, the 2005 Rotary-UN Day featured more than 20 speakers and concentrated on the Millennium Development Goals.

*Source: Rotary International Newsroom, www.rotary.org*

### FROM THE DESK OF RFPD CHAIRMAN ZINSER

On UN-Day 2005, the participants received a list showing Rotary project examples for each Millennium Development Goals (MDG's). While discussing MDG 5 "Improve Maternal Health – Reduce by three quarters the maternal mortality ratio," contributions of several Rotary Clubs to the Fistula-Clinic of Dr. Hamlin in Addis Ababa, Ethiopia, were mentioned.

Following the appeal of RI President Carl-Wilhelm Stenhammar for continuity in Rotary's World Community Service, RFPD supported the project "Improvement of Maternal Health – Treatment and Prevention of Obstetric Fistula" in Kaduna and Kano States, Nigeria, which started July 1, 2005. This project is a great example of Rotary projects contributing to MDG 5.

In this Fragile Earth article, "Rotary's Contribution to Maternal Health," we describe the continuing efforts of Rotary and The Rotary Foundation to a MDG from which achievement other MDG's might be realized. Our 2005-06 RI President speaks up for women. All of the projects supported by RFPD are projects promoting women's issues. Maternal mortality is the health indicator with the most disparity between developed and developing countries.



**Fornos Retires** *(continued from pg. 1)*  
In the past 12 years, Fornos led consultations with non-governmental organization leaders from Eastern Europe and Central Asia. At the Population Institute headquarters in Washington, he established a publications program featuring POPLINE, a bimonthly newsletter, and the 21st Century Papers monograph series.

A tireless advocate of balancing the world's population with its environment and resources, Fornos has addressed population issues before service and community organizations and college and university audiences, appeared on radio and television interview programs and before newspaper editorial boards in all 50 United States and abroad, warning of the consequences of unchecked rapid human growth.  
*(continued on pg. 5)*

## Rotary's Contribution to Maternal Health

by Robert Zinser

There is a frightening situation related to maternal health in developing countries, where women live only to 50 or fewer years. In Zambia and Botswana, the age is even lower at 35 years. Life expectancy there is less than half of that in industrialized countries.

In industrialized countries, women outlive men for biological reasons. In developing countries, women die earlier than men. In developing countries, women are subject to a greater burden through frequent pregnancies and they receive inadequate medical care. In many developing countries, women are more frequently infected with HIV than men.

In economically ambitious newly developing countries such as Brazil and Thailand, life expectancy of women has improved in recent times, primarily as a result of decreasing birth rates. When examining maternal mortality worldwide, having children is life-threatening in developing countries.

Maternal mortality is defined by the World Health Organization (WHO) as the number of mothers who die within 42 days after birth for each 100,000 live births. It is highest in Afghanistan, Angola, Niger and Tanzania, with 1,500 deaths per 100,000 live births. In comparison, the figure in Germany is just 8 per 100,000. Maternal mortality is particularly high where nutrition is poor and where women have many children in short intervals under insufficient hygienic and medical conditions.

Every minute, one woman dies of avoidable pregnancy-related causes. This adds up to more than half a million deaths among mothers every year – a figure that has barely reduced in the last few decades. At least another eight million women suffer all their lives from the consequences of pregnancy complications. The lack of progress in combating maternal mortality in many countries is clear sign of the low  
*(continued on next page)*

value attached to women's lives. Furthermore, it also bears witness to the limited voice that women have in setting priorities in health care policy.

In Africa south of the Sahara, high fertility increases the risks that mothers face during the course of their lives. On average, one in 16 mothers there dies as a result of pregnancy. In the poorest regions, the figure is even as high as one in six. In contrast, this lifetime risk is one to 2,800 in industrialized countries. Ninety-nine per cent of fatalities amongst mothers occur in Africa and Asian; on each continent this amounts to one quarter of a million mothers per year. Two-thirds of maternal deaths occur in 14 of the world's poorest countries. The countries with the highest maternal mortality rates are usually those in which women are most seriously disadvantaged.

In the year 2000, the United Nations included improving the health of mothers among the eight Millennium Development Goals. Millennium Development Goal No. 5 states: "Improve maternal health, Reduce by three quarters the maternal mortality."

In the last five years there has been no success in approaching this goal, and so intensified effort is necessary. This is why the UN, the WHO and other international agencies are also appealing to non-government organizations such as Rotary International for assistance in this matter.

Maternal mortality is the health indicator with the most disparity between developed and developing countries. To put the scale of the problem into perspective, imagine that for years now, one jumbo jet full of mothers has been crashing every six hours, with no survivors. If the media were to report this, it would not be tolerated. As a result, no constant warning is given to stop this annual death toll of more than half a million mothers. Politicians are behaving in exactly the same way and showing that their strengths do not lie in imposing preventive measures. From time to time, the Boulevard Press reports on catastrophes that are taking place. Yet the world pays too little attention to the  
*(continued on pg. 6)*

## ***New Country Chair for Nepal***

RFPD thanks former Country Chair (CC), Hartmut Bauder, for his dedication as CC from 2002 to 2005. While Hartmut was CC, he acquired nearly 100 lifetime members and formed a RFPD committee with 13 members. He held many workshops with more than 400 participants and delivered presentations to Rotary clubs.

Bauder initiated several projects in child education, reproductive health and family planning, working closely with foreign Rotary Clubs. He worked for humanitarian goals with his heart and soul for the Nepalese people. He also established cooperation with UNFPA, and was awarded his first Paul Harris Fellow sapphire from RFPD Chairman, Robert Zinser.

Thank you Hartmut, for your remarkable work!



*Bishnu Subedi*

RFPD is proud to welcome the new Country Chair for Nepal, Bishnu Subedi. Bishnu joined the RC of Kathmandu in 1997. He served his club as Vice-President in 2002, President Elect 2003-2004 and was President of his club in 2004-2005. Other positions held, include Secretary and Community Service Director.

He was born in Sanepa, Lalitpur, Nepal in July 1956. Bishnu is married to Pramila and they have two children, Prabal and Pallavi. Subedi received his Masters Degree in Economics from Tribhuvan University in 1979, and received a certificate in Hotel Management from the Institute of Hotel and Tourism Management, Salzburg, Austria in 1990.

Bishnu served as Executive Secretary for the Nepal Association of Travel Agents (1984-1996), Promoter of Medicare National Hospital and Research Centre Limited (1997) and Executive Secretary for the Board of Airlines Representatives (1997).

Other social services performed, include: Secretary General of the Health Aid Nepal Trust (1997 to present), Vice-President of the Health Care Foundation (1993 to present), Secretary General for the Himalayan Rescue Association (1993-1999) and Coordinator for Nagarkot Community Health Centre (2002 to present).

We are delighted to have Bishnu on our RFPD team and look forward to continuing the wonderful work of RFPD section, Nepal.

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## **Reconstruction Project helps Tsunami Victims**

Following the Tsunami of December 26<sup>th</sup>, 2004 the Rotary Club of Jakarta Sentral initiated emergency relief by delivering two shipments of kitchen utensils and kerosene stoves to over 1,000 families in the refugee camps along the coastal communities of Lhokseumawe in Aceh. In addition, school books, shoes and uniforms were shipped from Medan to a school for orphans in Lhokseumawe.

The club also decided to initiate a project with the objective of assisting in the reconstruction of the fishing industry in the same area around Lhokseumawe. This plan, started in March 2005, was designed to construct and deliver 100 or more small fishing boats. Subsequently, the plan was expanded by adding as a goal the construction of 25 fishing platforms, the reconstruction of the fishing port facilities and provision of training for young people wishing to enter the fishing industry.

Lhokseumawe is situated on the North East Cost of Aceh Province. It is a medium-sized town of 150,000 people, which serves as a district Capital with a small airfield. According to Government published statistics, in the area surrounding Lhokseumawe where we are working, 4,192 people died, 47,848 homes were destroyed, 182 schools were destroyed, and 6,982 boats were lost. *(cont. on pg. 8)*

# Misinformation Stalls Population Stabilization

by Buck Lindsay

*(continued from pg. 1)* Perhaps the most widespread of these is the erroneous perception that family planning is synonymous with abortion. While reasonable people can disagree on the morality of terminating a pregnancy, or even when conception actually begins, it is possible to both oppose abortion and support family planning. As a matter of fact, this is essentially a position taken by many religious leaders who personally oppose abortion, but who embrace family planning.

As an active member in Rotary's population work, I have always been comfortable with the organization's position on abortion. The position is that abortion is not family planning, and it is not a part of any project - period. The reality is that abortion only result from un-intended pregnancies. Women who have a variety of affordable family planning options, including natural family planning, are those least likely to resort to abortion.

Another often heard myth is that the idea of population stabilization is rooted in an anti-democratic notion that leads to authoritarian control. There is a line of thinking which says that when government funds population or family planning programs, it is tantamount to "social engineering," putting into motion an agenda of demanding that couples have a number of children proscribed by government. Neither Rotary nor any other advocate of population stabilization that I have met over the years is interested in dictating to couples anywhere in the world the number of children they should have.

Efforts by governments to determine fertility are doomed to failure unless their constituents are convinced that these decisions are truly beneficial and are relevant to their health and welfare. Rather than forcing couples to have fewer children, family planning programs free couples to have only the children they are willing and able to afford and nurture.

Were family size a matter to be decided by government, it most likely would vary in accordance with where the couple happens to be living. For example, most countries of Eastern Europe, where the number of deaths exceeds the number of births per 1,000 people, would welcome couples opting for three or four children. This would ensure a steady labor flow and enable a country to maintain a stable, viable workforce. But countries of sub-Saharan Africa, where women average 5, 6 and 7 children, would prefer to reduce fertility, in an effort to stabilize their social and economic infrastructure.

Another persistent population/family planning myth is that providing family responsibility education, including family planning, to young people somehow promotes promiscuity. While this is an interesting theory and one that apparently resonates with a number of societies in a number of countries, there is no evidence that it is true. Conversely, there is much documentation of teen pregnancies and abortions and unwanted and abandoned children that would suggest a crying need for family responsibility and sex education courses at the secondary school levels.

*(continued on pg. 8)*

## JOIN RFPD!

To join RFPD, send US \$10 for Annual Membership or US \$100 for Lifetime Membership along with name, address, phone, fax, Rotary Club and District to address below if in North America. For other regions, please send to:

**Africa Sub Sahara: Adedolapo Lufadeju**  
email: dolaluf@skannet.com

**Asia (except India): Rekha Shetty**  
email: rekhasmindpower@eth.net

**Europe: Robert Zinser**  
email: robert.zinser@t-online.de

**India: Hari Reddy**  
email: pdgharireddy@yahoo.com

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(includes Middle East):  
Salem Mashhour**  
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serra\_ruibal@arnet.com.ar

Website:  
www.rifpd.org www.rfpd.de  
Tel: 770-963-3252, ext. 200  
Fax: 770-822-9492

## *Hat's Off to our Country Chairs!*

On Nov. 10th, Emdad Ul Haq attended a seminar organized by UNFPA Bangladesh. The topic was "Dissemination of Research Findings on Reproductive Health and Population Projections". The participants included Bangladesh Bureau of Statistics, National Institute of Population Research and Training, Planning Commission of Bangladesh, United Nations Population Fund, RFPD: Bangladesh section, NGO's and a few population and development related organizations.

The seminar focused on Population, Poverty, Aging, Migration and Education.

UNFPA recognized Emdad and the role of the Bangladesh section of RFPD in its effort to help population and development in Bangladesh and globally.

# KID'S CORNER

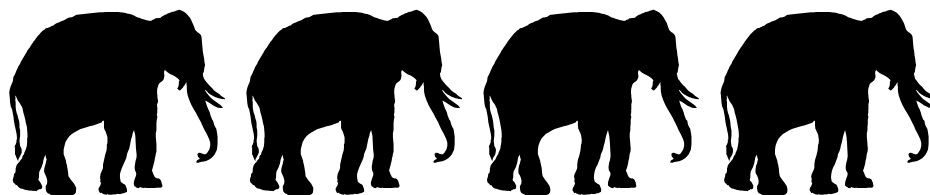
## Elephant Safari Cyberhunt

Source: ASPCA, Humane Education, [www.animaland.org](http://www.animaland.org)

### Visit the Web sites listed below to find fun facts and photos of Asian and African Elephants!

1. Do elephants drink water with their trunks?  
[http://elephant.elehost.com/About\\_Elephants/about\\_elephants.htm](http://elephant.elehost.com/About_Elephants/about_elephants.htm)
2. How many muscles and tendons are in an elephant's trunk?  
<http://www.himandus.net/elephanteria/library/elefacts/elefacts.html>
3. What do elephants eat?  
<http://www.bornfree.org.uk/elefriends/elefacts.htm>
4. How do elephants get water during the dry season?  
How do elephants help other animals?  
<http://www.pbs.org/wnet/nature/critters/elephant.html>
5. How do elephants communicate over long distances?  
<http://www.fieldtripearth.org>
6. How big are baby elephants when they are first born?  
<http://www.fieldtripearth.org>
7. How many elephants are left on Earth?  
[http://www.elephant.se/elephant\\_faq.php](http://www.elephant.se/elephant_faq.php)
8. What are three places named after elephants?  
<http://dcn.davis.ca.us/vme/DrSue/elephant.html>
9. How much weight can an elephant lift?  
[http://www.elephant.se/elephant\\_faq.php](http://www.elephant.se/elephant_faq.php)
10. When is Elephant Appreciation Day celebrated?  
<http://www.surfnetkids.com/elephant.htm>

Once complete, compare your answers with those on page 11.



**Fornos Retires** (continued from pg. 2)  
An elected member of the International Union for the Scientific Study of Population, he is a recipient of the Order of Merit, the highest distinction granted to a non-German by the German government, and has been recognized as the University of Maryland University College Alumnus of the Year. Fornos was awarded an honorary professorship in international relations by Sichuan University in China and he has served on the board of directors of the United Nations Association of the United States.

Four years after he joined the Population Institute as executive director of the Population Action Council, the Institute's board of directors elected him as its second president, succeeding the organization's founder the Reverend Rodney Shaw in that position in 1982.

Fornos has addressed every major international population conference from the 1974 World Population Conference in Bucharest to the 1984 International Conference on Population in Mexico City and the 1994 International Conference on Population and Development in Cairo.

Prior to joining the Institute, he headed Planned Parenthood of the District of Columbia and later was an assistant professor at George Washington University, where he headed the university's Population Information Program.

He was a management consultant on population and family planning program efficiency and effectiveness for Westinghouse Health Systems and the American Public Health Association in Tunisia, Pakistan, Bangladesh, Turkey and Indonesia.

Born in Leipzig, Germany, he served in the Maryland state legislature from 1966 to 1970, and has held administrative posts in state and national government. On the state level, he served as Maryland's manpower administrator and as Assistant Secretary of Human resources. His federal positions included Special Assistant to the U.S. Assistant Secretary of Labor for labor management relations and Deputy Assistant Manpower Administrator.

- by Michael Patronik, Population Institute

## Rotary's Contribution to Maternal Health *(continued from pg. 3)*

continuing catastrophe affecting the fate of young mothers; to a great extent it looks the other way.

Admittedly, this multi-faceted problem is not easy to overcome. Specialists recommend a three-stage approach to improve maternal health:

1. Family Planning Services to prevent unintended pregnancies and to space children;
2. Skilled medical care for all women in labour;
3. Timely access to appropriate emergency obstetric care for women who develop complications.

Maternal mortality in home births, which still take place frequently in developing countries, has its roots in what are known as the "three delays": the delayed decision to seek medical assistance, the delayed arrival of the assistance on site and the delayed help provided in medical establishments.

Every year, the fact that we are late in offering these women family planning services leads to some 76 million unwanted pregnancies in developing countries alone. This is the "forgotten time bomb", which DIE WELT, a leading German daily newspaper, reported on a few years ago: "In development aid, there is no area that shows greater reluctance to tackle the problem than family planning. And so the world population grows unabated towards the catastrophe. Successful family planning in the problem countries would require comparatively few resources."

This is difficult to comprehend because the "reproductive revolution" has been one of the most remarkable events of the second half of the 20th century. The use of family planning rose from less than 10 % of married women of childbearing age in the 1960s to about 50 % of these women in the 1990s. Due to a lack of information, increase in the use of family planning in the poorest countries has been far lower. In a number of countries, there are still fewer than 10 % of women who make use of modern methods of family planning.

The misery associated with the rapid growth in population in a number of

developing countries causes people to employ all their resources in fleeing to developed countries. Many more succeed than are actually registered. And we will not succeed in stopping them because they have nothing to lose in their home countries.

This was already being predicted 25 years ago in an exciting science fiction film called "March to Europe", which was shown on television, and in a novel by a French author, about an overloaded refugee ship that ran aground on French beaches at the end of its odyssey from Calcutta.

Family planning saves the lives of both mothers and children. Access to safe and effective methods of contraception reduces the number of terminated pregnancies. Prosperous women, who also live in developing countries, use contraceptives four times as frequently as their poorest counterparts. In some developing countries the figure is even 12 times as many. This should give us even greater motivation to provide appropriate aid projects for the poor.

Although safe motherhood has been at the top of the international agenda for two decades now, progress has not been achieved everywhere. In some countries, maternal mortality is even assumed to be on the rise. It is not surprising that the WHO called its latest report "Each mother and child counts". In the report WHO Director-General Lee Jong-Wook writes: "Mothers, the newborn and children represent the well-being of a society and its potential for the future. Their health needs cannot be left unmet without harming the whole of society."

Rotary has developed a number of activities for improving maternal health: in 1998 its legislative board, which includes delegates from all districts, decided with an overwhelming majority to tackle population issues. This led to a statement from the RI Board of Directors on Population Growth and Development. The statement contains a call to "conduct or sponsor women's health seminars in the community, focusing on reproductive health, prenatal care, and the benefits of delaying childbearing past adolescence and of spacing children, where appropriate."

In 2000, then RI President Frank Devlyn published in the "International Journal of Gynaecology & Obstetrics" under the heading "Rotary responds to women's health needs": "Rotarians are committed to long-term solutions that provide not just aid but opportunities for the less fortunate". Devlyn reported that Rotary clubs are continually looking for ways to support the medical community in its efforts to provide health care for women and girls and to help them to build all-round healthy lives and families. He mentions valuable contributions in the women's health arena in Ethiopia, India, Mexico, Nepal and Nigeria.

RFPD has, for example, invited gynaecologists to Germany for training in obstetrics, so that they can pass on this knowledge within their countries. In the specialist journal, Devlyn enters the discussion and gives a detailed description of the "Child Spacing" pilot project of Districts 1860 and 9120 in Nigeria. Devlyn concluded his comprehensive statement in 2000 by saying "The advancement of women's health calls for long-term solutions involving preventive care, education and awareness...As Rotary International moves into the 21<sup>st</sup> century, ...Rotarians are increasingly focused on the health and well-being of women with new initiatives in female literacy, microenterprise and population stabilization".

The Memorandum of Cooperation (MoC) between RI and UNFPA, the World Population Fund of the United Nations, which has been in existence since 2000, is currently being extended to include "Safe Motherhood". We hope that might increase Rotary's contribution to Maternal Health.

Continuity strengthens Rotary's credibility and is therefore rightly demanded by Carl Wilhelm Stenhammar, our current RI President. The situation would be better if greater attention were given to the RI Menu of Service Opportunities that are recommended to autonomous clubs. In addition to polio, it contains nine further services, such as population issues which are linked with the other services.

*(continued on pg. 10)*

## Reducing the Transmission of HIV/AIDS in Nigeria

by Dr. Bill Cadwallader, PRID

Do you see that school over there?" said the Nigerian tribal chief. "That high school was named for my mother. What we should really be doing is to test every high school senior, when they finish their health course, for HIV (human immunodeficiency virus). Otherwise they will not believe that AIDS can affect them."

In the USA, we teach the ill affects of smoking cigarettes and illegal drugs and too many high school students do not believe that drugs and tobacco can negatively affect their health. In Nigeria high school students think they are too powerful and strong to be infected with HIV/AIDS.

Tribal chiefs, kings and other traditional rulers in Nigeria are intelligent, caring and capable leaders of their people. They are concerned about the exponential growth rate of fellow citizens infected with HIV/AIDS. Preachers sermonize from the pulpits on Sundays and require that both members of the couples they marry be tested for HIV and Sickle Cell Anemia before they will marry them. But the young generation just think that they are "just trying to stop them from having fun."

The region of Umahiah, in the Abia State, has been doing testing for HIV. At one such testing center, it was decided to test the attending nurses to show the awaiting patients how easy it is to be tested. Much to everyone's surprise, many of the nurses tested positive. Universities are said to be one of the centers where HIV is spread most intensely.

The public health question most important to the entire world is, "How do we reduce the transmission of HIV?" If the world's concerned citizens confine themselves to the care of AIDS orphans the world will have AIDS orphans, until forever. If the world's concerned citizens are determined to simply treat HIV infected patients, the sponsoring agencies will go bankrupt in the process, and the transmission of HIV will continue forever. There is some indication that if people feel that they will be treated free of charge for HIV/AIDS, it causes reduced care on their parts for responsible sexual behavior.

A person with HIV infection can be infected for 10-15 years before they show clinical signs of AIDS. Imagine how many people that one HIV infected individual can infect before they realize they have HIV. If we are ever to have any hope of reducing the transmission of HIV, we must do as the tribal chief said, and test people from the earliest age possible to determine who is infected. Then we must urge those infected to behave in a sexually responsible fashion. Voluntary Counseling and Testing (VCT), and the use of condoms, are our best hope in reducing the spread of this dreaded disease.

The HIV mutates 300 times per year. This, along with other factors, makes the development of an effective vaccine something that will likely take many years to develop.

So what can Rotary do to reduce the transmission of HIV? Most easy of all is to encourage the testing of pregnant women in maternal health centers (this was the reason this author actually made this most recent trip to Nigeria). If pregnant women are found to be HIV positive, they can be treated just once with Neviraprine at the time they give birth. If their baby is also treated, just one time, the transmission of HIV from mother to child can be reduced dramatically. 65% of all mother-to-child transmission of HIV occurs when the baby passes through the vagina during birth. *(continued on pg. 9)*

## SAVE THE DATE!

RFPD will host an exhibit booth in the Bella Center and will hold an Annual General Meeting on Tuesday, June 13th, 3-6pm at the RI Annual Convention in Malmö-Copenhagen June 11-14, 2006

Make your plans to be there. Stay tuned for more updates!

For more information, please call 770-963-3252, ext. 200 or visit:

[www.rifpd@aol.com](mailto:www.rifpd@aol.com)  
or  
[www.rotary.org](http://www.rotary.org)

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*Executive Director, RFPD &  
Editor of **Fragile Earth***

For questions or comments on **Fragile Earth** are welcome email Jennifer at [rifpd@aol.com](mailto:rifpd@aol.com).

## Reconstruction Project helps Tsunami Victims

*(continued from page 2)*

In setting up the plan there were several critical objectives:

First, we wanted to provide the initial tools and support to the local fishermen to permit them to re-establish the social structure within their villages, by providing a means to make a living at their chosen profession. Next, we wanted to create jobs and therefore everything had to be constructed locally. As a result, approximately 80% of all expenditures are local. Boat engines are the only major imported component of the project. We have attempted to ensure that the project is environmentally friendly. The boats are a gift to the recipients, however they will be expected to make a contribution to their community to reflect the fact that they were the recipient of benefits which were not universally available.

Our initial objective was to provide 100 locally constructed boats, built in accordance with the local traditional boat design. The wooden boats we have selected for the project are eight meters in length and cost US\$1,700, including engine, nets, and a plastic ice box. Engines are typically diesel and are purchased from China. These boats are in accordance with the local supply of materials, are constructed and repaired by local people, and are considered to be consistent and appropriate for the current fishing practice. The cost of each boat has risen somewhat as a result of inflation in Indonesia.



The boats are being constructed at a boat yard in Bireuen about one and a half hours drive from Lhokseumawe. The boats take two months to build and we are able to deliver eight boats per month. Currently, 25 boats have been delivered and are now in use by the fishermen. The fishermen will repay 30% of the cost of the boats over a three year period at the rate of US\$15 per month. Until this has been paid, the boat remains the property of the Rotary Club. Once the final amount has been paid, it becomes the property of the recipient fisherman to do as he pleases. The loan portion is interest free.

Subsequent rehabilitation of the fishing industry will include construction of fishing platforms, restoration of the pier and eventually reconstruction of the fish market. Although RC Jakarta Sentral is a young, small club, we have been able to manage the project in Aceh, which is some distance from Jakarta. We have a local field team who are not members of Rotary, but who have volunteered their time. Club members visit the area frequently to ensure everything is going to plan and to meet with the villagers and local authorities. The key here has been project governance and consultation at every level. We have now been working on the project for a year, and will continue for at least two more years. The project has been expanded three times as funding becomes available, however we continue to receive donations from all over the world. We take this opportunity to thank these organizations who continue to make this project possible.



**Donors include:** RC Jakarta Sentral, RC Nusa Dua, Bali, Indonesia, RIBI Rotary International Great Britain and Ireland, RC Los Altos California, USA, RC Saint C  r  , France, RC James City County, Virginia USA, RC Monschau-Nordeifel, Germany, RC Bad Neuanahr-Arweiler, Germany, RC Bahamas District 7020, RC Noyon La Cote, Switzerland, The Rotary Foundation, Mr. Malcolm Thompson and Family, Australia, Mr. David Biggs, Australia, The Canadian Chamber of Commerce, Jakarta Indonesia, RI Rotary Fellowships Committee 2004/05.

*- by Mark Wong, Immediate Past Chairman, Rotary Fellowships Committee*

## Misinformation Stalls Population Stabilization

*(continued from pg. 4)*

Perhaps the most alarming myth of all is the one that has gained significant worldwide currency: rapid population growth is no longer a global crisis. This myth began to circulate following demographic evidence of declining fertility rates not only in the industrialized world, but in many poor countries as well. This appears to be a case of listening to only half of the demographic truth. While fertility rates are indeed falling, our world of 6.5 billion people continues to grow annually by some 78 million people. Fully 99 percent of the 2.6 billion by which world population is expected to grow by mid-century is projected to occur in the world's poorest countries.

Following World War II, the United States acted to heal the wounds opened by a brutal war, when President Harry S. Truman and America took the lead in the recovery of a ravaged Europe. Rather than watching from afar while the defeated countries, Germany and Japan, attempted to rebuild, the United States, under the Truman Doctrine, actively participated in the rebuilding process.

In today's world, where 815 million people go to bed hungry every night, where 115 million children do not attend elementary school, where one of every five persons alive lacks access to safe drinking water, Rotary has a golden opportunity to act in an unprecedented humanitarian endeavor. Using its global structure and technological resources, Rotary can promote better access to family planning and pave the way for global security and stability by bringing human numbers into a more equitable balance with environment and resources.

*- by Buck Lindsay*

# It's Holiday Gift-Giving Time!

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Population and  
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Development  
issues need  
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Note to US Rotarians:  
The Katrina Emergency Tax  
Relief Act of 2005 allows  
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Visit the IRS website for the full press  
release and other information:  
<http://www.irs.gov/newsroom/>

**Reducing HIV/AIDS in Nigeria** (continued from pg. 7) Even more important, Rotary can take up the challenge of the Nigerian chief to test high school seniors for HIV. It is felt that if high school students know they will be tested for HIV when they are seniors, it will stimulate more responsible sexual behavior. The Nigerians have proposed that each person with a negative test be given a certificate of their negative status on that day and be counseled to conduct their lives in a responsible fashion, so their negative status will not change. HIV positive students will remain anonymous and will be directed to government health clinics where they can receive subsidized care. HIV/AIDS support groups have already been formed to help those who face eventual death from AIDS. Remember, HIV positive people cannot be treated until they are found to be positive. Early testing can provide early care.

Rotarians can obtain HIV test kits for both strains of the virus (HIV-1 and HIV-2) for \$1-2 (US) per test. A Rotarian's gift of \$1000 can test a minimum of 500 high school students or pregnant mothers. If this stops one student from becoming infected just imagine the cost for therapy that this investment will save. The greatest task for the Rotarians will be to over see the testing process to be certain that it is carried out properly and that tests are handled in a responsible manner. Counselors will need to be trained for this delicate situation. We will need to coordinate the training of counselors with our partners at the United Nation's UNFPA and WHO. HIV tests will need to be purchased and their distribution coordinated. Educational programs will need to be put into place, and school and government officials brought into the testing process.

Most important, Rotarians need to lead the fight to stop the discrimination against HIV positive people. One stands a greater risk of dying if seated at a dinner table with a person with the flu than with a person with HIV/AIDS. We do not stigmatize the person with the flu. We should not stigmatize the person with HIV.

In Nigeria, it is this author's observation; people want to know if they have HIV infection. If the transmission of HIV is greatest in Nigeria's high schools and universities just consider the future of the country with its most highly educable people dead of HIV/AIDS. The need is urgent. The need is now.

*by Dr. Bill Cadwallader, PRID*

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## RFPD Population Project List (as of 12/1/05) Please check the RFPD website for the most current updates.

RFPD Ref#	Project	Country/Club
421	Reproductive Health Education	Bahcesehir, Turkey/D2420
423	Girl-Child Education	Noonepalli, India/D3160
433	Literacy & Family Planning Center	Alexandria El-Nozha, Egypt/D2450
437	Vocational Training for Women	Ogomos, Nigeria/D9130
439	Community Vocational Training	Rio de Janeiro, Brazil/D4570
440	Saheli Women's Health Center	Begusarai, India
441	Saheli Women's Health Center	Nawad, India
443	Saheli Women's Health Center	Gaya City, India
444	Saheli Women's Health Center	Chandil, India
445	Saheli Women's Health Center	Adityapur, India
446	Saheli Women's Health Center	Chas, India
447	Saheli Women's Health Center	Patna Midtown, India
448	Saheli Women's Health Center	Dumka, India

All projects have completed Matching Grant Applications. Grant cycle is July 1, 2005 to June 30, 2006.  
For more information, contact: Jennifer Hendrickson, Executive Director, RFPD, 270 Langley Drive, Lawrenceville, GA 30045  
Phone: 770-963-3252, ext. 200, Fax: 770-822-9492, Email: [rifpd@aol.com](mailto:rifpd@aol.com), Website: [www.rifpd.org](http://www.rifpd.org)

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(9/1/05 - 12/1/05)

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## Rotary's Contribution to Maternal Health

(continued from pg. 6)

Project ideas are also presented in the menu. Under the heading "Spacing of pregnancies and women's health," the pilot project between District 1860 and the Nigerian district 9120 is listed.

The pilot project "Child Spacing and Family Health" was successfully conducted for a target group of half a million people from 1995 – 2000. It has been praised on numerous occasions as a model project by Rotary International and other organizations. This led to the large-scale 3-H (Health-Hunger-Humanity) Project "*Child Spacing, Family Health and Aids Education*" from 2000 – 2004 with its project funding of US\$2 million for a target group of 30 million people in six states of Nigeria. The concept of the pilot project was scaled up to a major project.

According to experts, the rate of maternal mortality in north Nigeria at 2,800/100,000 is one of the highest in the world. The socio-medical background is as follows: marriage from as early as age 11 and polygamy, excessively early pregnancies, lack of school education, low socio-economic status, limited access to health facilities and medical checkups, lacking and poor-quality obstetrics and female circumcisions. A lot is connected with the traditional orientation of society; however, this should not stand in the way of information and change.

On the basis of the successes told in this article, the German and Austrian sections supported the new project "Improvement of Maternal Health" in Kaduna and Kano states, Nigeria, upon a project request from Nigeria. The project started with a comprehensive approach on July 1, 2005, and has been outlined in the September 2005 issue of *Fragile Earth*.

Project goals are: 1. Reduction of unwanted pregnancies, 2. Raising the

number of healthy pregnancies and births, 3. Reducing maternal mortality, 4. Reducing obstetric fistulae through operation, 5. Rehabilitation of operated fistula patients.

Patients with obstetric fistulae are forced into a miserable and isolated existence. Worldwide, obstetric fistulae are one of the most neglected problems of reproductive health. It is a double blow, because women lose their babies and their dignity. It is referred to as the "leprosy of the 21<sup>st</sup> century".

In this project, we are aiming towards cooperation: with government offices, influential traditional rulers/religious leaders, universities, state health care facilities, UN organizations operating in Nigeria, WHO and UNFPA.

In order to meet the goal of reducing maternal mortality, there are already plans to cooperate with organizations in several countries, but, to my knowledge, none involving Rotary. This is something we wish to change, and not least because the United Nations has asked us to do so. They know that success can be achieved with a network such as Rotary's.

Recently several US newspapers published articles on the problem of obstetric fistula. On October 18 this year, DIE WELT published a half-page article on our project, which referred to the two million women around the world with vaginal fistulae. Around the world there is no dispute that aid to improve health, and not least that of mothers, is the best way of providing self-help towards education, economic growth and development.

To quote Thoraya Obaid, Executive Director of UNFPA, I leave you with ...

**"The World must save Women so that Women can save the World."**

- by Robert Zinser

# **INTEROTA 2005 ROTARACT • RESOLUTION**

*Rotaractors statement on taking action for the future - fighting poverty through population management.*

We, the participants of Interota 2005 (the international conference of Rotaract), are convinced that in order to fight poverty and gain sustainable development in the world, we have to face and solve the problems that arise from the massive population growth. Within the last 80 years, the world's population has more than tripled. By 2050 9.1 billion people will live on our planet. And since the population of the industrialized countries is declining, the growth will take place in the poorest countries of the world. And as a result, there will be fewer people to help more and more.

We ask and encourage Rotaractors and Rotarians to take action: it is our future! We might not be affected directly in our lives now, but as an Indian saying put it: "we have inherited the world from our grandchildren, it does not belong to us," and certainly they, and most probably already your children, will be affected. Awareness is not enough - Action has to be taken!

Sustainable development, preservation of the environment and the quality of life for all people, especially for coming generations, is influenced by population growth. In developing countries, the problem is obvious - people live in a vicious cycle of overpopulation, serious diseases and extreme poverty. The impact that this population growth has on the world is serious, because sooner or later they will have to face a global fight for the allocation of resources.

Awareness is not enough. We have to attack the problem at its roots. Help people to break out of this vicious cycle and to take responsibility for their lives. The example of the joined project of Rotaract Alexandria Cosmopolitan (Egypt) and the Rotaract District 1860 in Germany proved that the combination of health awareness, microcredits and basic education is fundamental for a life without poverty.

Rotary and Rotaract, through their international network, have the unique opportunity and therefore the responsibility to work together and to preserve the world for our grandchildren. Therefore, we encourage you as Rotaractors to start other projects following the example of Egypt, Nigeria and Germany and take responsibility of your future!

## **CALL FOR POPULATION PROJECTS**

**RFPD helps find sponsors for population-related Matching Grant projects. Please send your projects (completed TRF MG applications) to: Jennifer Hendrickson, 270 Langley Drive, Lawrenceville, GA, 30043, or fax to 770-822-9492. RFPD finds sponsoring Rotary Clubs to provide support. Provide the correct and current signatures with the Matching Grant application. Provide pro forma invoices to help expedite the approval process. Projects RFPD promotes include women's vocational training, girl-child education, reproductive health and education, child spacing and micro-credit for women.**

**RFPD is looking for a volunteer webmaster. Thank you to Chuck Bull who developed the RFPD website, and has done an outstanding job maintaining it throughout the past years. We are in need of redesign and maintenance. Please call Jennifer Hendrickson for further details (770) 963-3252, ext. 200 or email: rfpd@aol.com.**

## **Answers to the Elephant Safari Cyberhunt**

1. Elephants don't drink with their trunks, but use them as "tools" to drink with. This is accomplished by filling the trunk with water and then using it as a hose to pour it into the elephant's mouth.
2. 40,000 muscles and tendons.
3. They feed on grass, leaves, twigs, bark and even cultivated crops such as bananas and sugar cane.
4. Elephants will dig holes to find underground springs, drawing as much as two gallons at a time with their trunks. While these open wells provide water for thirsty elephants, other wildlife also depend on them for survival. After elephants leave an area, smaller creatures rush to the watering holes dug by elephants.
5. Elephants use several types of sounds to communicate. Rumbling, a deep growling sound, mostly below the range of human hearing, can travel for miles. A variety of screams and trumpets are used to frighten and intimidate rivals or predators as well as communicate alarm. Trumpeting is also used as a greeting call.
6. Newborn elephants can weigh an incredible 77-113 kg.
7. There are about 600,000 African elephants, and between 35 and 40,000 Asian elephants. (Approximately 20% are in captivity)
8. Any three of the following:  
Elephant Butte, New Mexico  
Elephant Butte Reservoir, New Mexico  
Elephant Fork, Virginia  
Elephant Island, Antarctica  
Elephant Jason (Island), Falkland Islands, Falkland  
Elephant Mountain, Texas, Elephant Pass, Sri Lanka  
Elephant Point, Alaska or Elephant Range, Kampuchea.
9. With their trunk, about 200-400 kgs, depending on the size of the elephant.
10. September 22.

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